

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. XII.

LOUISVILLE, OCTOBER 29, 1881.

No. 18.

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A NEW DEFINITION OF INSANITY.

A DEFINITION OF INSANITY.—This bugbear of expert medical witnesses has given rise to some of the most remarkable evolutions of the human understanding; one author, indeed, recommending as a settler for lawyers: "Insanity is a disease of the neurine batteries of the brain." The neurological editor of the Review suggests the following: "Insanity is a symptom or group of symptoms involving a marked deviation either in the intensity, extensity, or synthesis, or all of these, of the mental processes; and excluding those which are the immediate results of surgical injury or the circulation of poisonous agents in the blood, the phenomena of sleep, and the essential symptoms of epilepsy, catalepsy, hysteria, somnambulism, and trance."—*Chicago Med. Review*, August 5, 1881.

If our able contemporary will pardon us, we will venture to suggest that the above definition would seem to the ordinary mind an *unusual* if not a "remarkable evolution of the human understanding," while we give expression to a fear that at the same time it hardly covers the ground, and may possibly not take its place as classic in the neurological disquisitions of all time to come. The sentence, moreover, is somewhat involved, and presents "a marked deviation" from all standards of syntax and good taste. It may be that we do not understand it; but, contemplated through the medium of our "obtuse perceptions," it would seem that, firstly, the expression, "a marked deviation in the intensity of the mental processes," is without meaning. If the writer had said undue or abnormal intensity, we might be able to

comprehend him; but deviations are from a standard and not in it, and to say that a mental process deviates from normal is not to say that it is intensified to a marked degree, though this latter idea was probably in the mind of the editor at the time of writing. Admitting that this is the meaning of the clause, the statement is not true; for who would think of calling a man insane because of a marked degree of intensity in any mental process? The poet, the painter, the mathematician, the inventor—in fact all who possess any mental faculty in a high degree of development—would have to stand as insane or be classed as exceptions to the rule.

Secondly, "a marked deviation in the *extensity* of the mental processes" is an expression of great obscurity. "*Extensity*," however, does not appear in the dictionary; but we are willing to say for it what Polonius said for "the mobled queen:" "That's good;" extensity "is good." But admitting the word to mean extension, what is a deviation in the *extension* of the mental processes? Does the writer mean to say that a man of broad mind, whose mental processes have such scope as to enable him to grasp things which the typical mind of his time is not able to comprehend, is insane? Or does he mean to except all whose mental horizon is so broad as to enable them to see and think beyond the age they live in?

Thirdly, "a deviation in the synthesis of mental processes." A deviation from what? No standard is given. If it be meant that any man who out of mental processes builds up some work of the mind, and in so doing

gives us disjointed shapes and incoherent thoughts, the expression might have some weight; but as it stands the man who builds a mental work that displays ideas and forms never before reached or expressed, no matter how symmetrical they may be, will have to find a place among the exceptions or come under the rule as insane.

Even the exceptions given are open to objection. We might perhaps allow the "essential symptoms of epilepsy, catalepsy, somnambulism, and trance" to stand as exceptions to this supposed rule; but hysterical mania, although possibly not an essential symptom, is as much an insanity as any other form of mental aberration. That this is true the experience of every careful observer will attest.

It is possible that this definition of the Review's may be regarded as less technical than that which calls insanity "a disease of the neurine batteries of the brain," whatever that may be; but if it is a whit easier to understand, we shall be driven to confess that our cerebral "neurine batteries" are badly out of adjustment.

A SEVEN-MONTHS' SESSION.—In two different editorials last summer the *Med. Gazette* intimated that the seven-months' session of the N. Y. College of Physicians and Surgeons had been a failure in all that would entitle it to the name of an advance upon the five-months' session. It was said that the students were no better qualified than those graduated after a five-months' session; and that much complaint was heard among them because of detention two months longer than was generally considered necessary. It was disheartening to hear that this, the least possible movement in reform, had met with disfavor. We are glad to note an official contradiction of these reports. In his introductory address, Prof. Jacobi has just declared that the experiment having been satisfactory to the faculty the same plan would be continued. This plan embraces fewer didactic lectures a day; allowing more time for clin-

ics, laboratory work, and recitations. This would appear upon its face to work to the advantage of the student who according to the five-months system in vogue is crammed overmuch for due assimilation of his lessons. As the best confirmation of the wisdom of the change it is stated that the matriculation-list has never been so large as it is this year. This successful venture will doubtless encourage all the medical schools to lengthen their session. The large classes attending the spring school at Louisville are an indication that students can easily make it convenient to continue their attendance till May or June.

THE EFFECT OF HEAVY RAINFALL ON THE PREVALENCE OF CHOLERA OR FEVER.—According to the report of the Sanitary Commissioner for Bengal (*Med. Times and Gazette*), the number of deaths from cholera in that region during the year 1880 amounted to 39,043, against 136,363 in 1879. This decrease is believed to be due to the heavy rainfall of 1880; but while cholera on the one hand decreased, fever, on the other, prevailed with increased severity; in one district alone footing up a death-rate of 25,035 for 1880, against 7,014 for 1879. This increase in fever has been attributed to the great amount of water which from obstructed drainage was suffered to stagnate upon the surface of the ground in the fever-stricken districts. From these statements it would seem that the germ of cholera may be easily drowned out, while the fever-germ but flourishes all the more luxuriantly under a copious water-supply.

Surely that must be an unhappy country whose inhabitants are so much at the mercy of the weather, and from year to year must run the gauntlet adown the uncertain way of a neither wet nor dry season with cholera menacing upon one side and epidemic fever upon the other, or pass directly into the clutches of one or the other of these dread destroyers. Truly here is a field for the operations of the missionary of sanitary science!

Original.**HYGIENIC SURROUNDINGS.**

BY J. J. SPEED, M.D.*

Professor of Institutes of Medicine in Hospital Medical College.

Prevention is the central idea of all sanitary teaching; and to this end, whether in book or pamphlet, public address or private speech, we find one phrase standing prominently out and above all the rest as expressive of the health status: that phrase is "man's surroundings." It is a comprehensive phrase and includes every thing outside the man.

We are taught, and we believe, that in proportion to our control over these surroundings exactly in that proportion is our assurance of health. To heat and moisture and decomposition we look for the source of many of our most fatal maladies. Over sunlight and the rain man has little control, but over the material upon which they operate, and out of whose decay are generated morbid agencies, he has very great control. The reasoning is very simple: take care of your surroundings, secure perfect cleanliness, and thus preclude the formation of *materies morbi*.

This idea of cleanliness and management of one's surroundings, however clear to the professional mind, is not at once patent to the layman. It is not long since I was asked by a common-sensed man what I meant by surroundings, and how could his grounds engender disease. I aimed at his common sense when I said, Suppose you could lift your house and an acre of ground into the air, and, like the mythical coffin of Mahomet, suspend it between the heavens and the earth for a season, would you have intermittent fever, cholera, yellow fever, typhoid? Your children would n't even have measles or scarlatina. You could n't catch smallpox. Now, while it is impossible to secure such perfect cleanliness in ordinary life as is assumed for this granite plat in the heavens, it serves to illustrate the idea emphasized by all sanitarians. The more thoroughly your grounds are drained and your houses are cleansed, the greater is your immunity from disease.

It is claimed that many English and continental cities and districts, and certainly many American cities, have largely reduced their death-rate by a rigid enforcement of

the suggestions of health-boards. Statistics gathered from various British and New England cities and towns afford abundant proof of the value of practical sanitation. The death-rate, which twenty years ago was from twenty-six to twenty-eight per thousand, has been reduced to twenty and eighteen per thousand. This is an important factor in our estimate of the wisdom of State policy. It must become one of the controlling elements in our selection of a given locality, all other things being equal. The man of average prudence would prefer a death-rate of eighteen rather than take the chances in a population where disease carried away twenty-eight in a thousand.

These are the results of the two prime ideas in domestic sanitation—drainage and cleanliness. The idea we invoke as a security against foreign diseases is quarantine.

It is hardly necessary in such a presence as this to urge the necessity for drainage, domestic cleanliness, and quarantine. The question has been pressed home to us with especial force in the recent visit of yellow fever. Without attempting to decide upon the ultimate cause of this terrific scourge in its original habitat, I think we are authorized to say that its outbreaks among us are confined to districts which are already poisoned by an impure air. Its devastations seem to be circumscribed—localized—outside of which localities there is no propagation. I do not contend that this vitiated atmosphere gives origin to the specific germ, but that it is the especial nidus in which the germ finds all the elements necessary to the development of those pathological processes in man whose totality we call yellow fever.

But domestic effort is not enough. Private purse and personal labor would be very inefficient where great marshes covering wide districts involve the health of many. Here the arm of the State must be invoked, and we have what is called State medicine. The State with its powerful arm, and its trained and salaried experts, must and to a great extent does hold itself bound to look to public health as a source of public wealth. This is a growing conviction upon the part of legislators; and while they are coming up by slow steps to the requirements of sanitary teaching, it is expected that the whole profession shall aid in deepening the impression upon representatives in the legislatures of the various States.

The subject of quarantine also comes within the province of State medicine; for while domestic diseases are formidable enough, a

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tremendous mortality comes from the occasional visitations of foreign trouble. Thus it not only becomes us to labor with all energy toward the best home surroundings, but aim also to arrest and hold at bay whatever may threaten us from abroad. The transportation of disease by steamship and by railroad in these days of constant and rapid commercial intercourse is felt to be a source of real danger, and sanitarians appeal to governments and governments answer the appeal by quarantine against every thing which can transport a germ.

There are conflicting opinions as to the communicability of this disease—whether it is contagious, whether it is infectious, whether it is communicable from man to man in any sense by any process at all. It is claimed by some of our best thinkers to be purely a climatic disease, and that wherever the necessary conditions of persistent heat and moisture are found there you will find yellow fever without resorting to the supposed necessity of an imported case. I can not subscribe to this doctrine; the facts as they are observed at all points north of the line where yellow fever is one of the annual diseases, to my mind, are against this theory.

Nor do I regard it as contagious. I do not believe that man communicates it to man in any direct sense, but I hold that the presence of a case in any given locality, in Kentucky or Indiana or Ohio or New York or Philadelphia, is necessary to its propagation. How? Thus: Heat and moisture long-continued in any given locality, in Hickman, in Cairo, in Bowling Green, at the Nashville depot, have generated a condition of things which is exactly the nidus in which a germ develops its vitality; and finding its way into human organization sets up the morbid processes we call yellow fever. This germ I do not believe to be indigenous; it is imported; it is to the already vitiated atmosphere what the match is to combustible material. In the absence of the match there would be no combustion; in the absence of the germ there would be no yellow fever. This germ may be brought by the man, by his clothing, by the goods from an infected district, and is borne upon the air. It may traverse wide expanse of country and prove innocuous till it strikes a district in which heat and moisture have already done the work necessary to form a breeding place for this specific poison. It is the yeast which may be dropped into dry meal without setting up any fermentation, but which dropped into meal with the requisite heat and moisture at once brings into

action a force which could not be evolved from the minutest mixture with the dryer and cooler meal.

I say then that while yellow fever is not contagious in the sense of being communicable from man to man in all climates, its existence and spread in any northern climate is dependent upon a germ imported into, and specifically poisoning, an atmosphere already impure and fitted to the development of that germ.

Now the heat imparted to the air and the earth by the sun is not under our control, nor can we control the rainfall; but decaying vegetable and animal matter, *out of which* this heat and moisture evolve such deadly miasms, *is* under our control, and can be so managed as to render innocuous the air which surrounds our dwellings. Cleanliness and drainage seem to forbid—preclude—the existence of a deleterious atmospheric condition. This is accepted as a hygienic axiom. Perfect cleanliness forbids malaria, and whatever has been done by individual effort on a space of forty feet can be done by combined effort over a larger surface—over the surface of the largest cities—and it has been done. New Orleans, under military rule, was free from yellow fever because military rule kept her streets and her alleys clean.

Heat and moisture alone are not sufficient; there must be vegetable and animal matter going to decay under the influence of this heat and moisture. Thus there are three factors necessary to the production of a vitiated atmosphere. Having under our control, then, one of the factors we are held to a rigid responsibility. Sanitarians accept the responsibility and say, *be clean*.

This line of argument foreshadows my indorsement of a rigid quarantine at all points north of the line below which yellow fever is indigenous. This quarantine must touch other things beside the man; it must cover all things to which the morbid agency may attach. It is idle to exclude the man and yet admit his clothing and his merchandise. These things are as surely impregnated by the *materies morbi* as the individual who owns them, and if they are transported to any locality whose atmosphere is made up of the necessary elements you may look with absolute certainty for an outbreak of yellow fever.

The value of quarantine is too thoroughly established to be any longer held as a question open to discussion. It has the same value to threatened cities that isolation of the individual has to the family. You iso-

late the case of smallpox, his clothing and bedding. Keep out of the reach of morbid agencies and the disease does not spread; quarantine your infected ship, anchor it out, isolate it, and the city is safe.

Now what I have said about the prevention of yellow fever I believe about very many other diseases. The words drainage, cleanliness, isolation, and quarantine carry along with them the ideas which are prominent in the minds of sanitarians as preventive measures.

It is unnecessary for me to say that while I claim that by proper hygienic observances much physical evil may be prevented and human life prolonged, I do not hold that any possible sanitation can very long preserve the animal machine in running order. A lesson for those who are disposed to seek perpetuity for man may be found in the story by our wittiest doctor, Oliver Wendell Holmes, called the One-horse Shay. Oliver's Pastor was a philosopher as well as preacher, and he thought out for himself the proposition that there was no reason why a carriage should ever break down. His reasoning was short and very simple. Some part of the structure must be perfect; take *that* as a model and make all the rest like it. He so ordered, and the one-horse shay was built. It ran for years, and the people became so accustomed to its regular appearing that they began to set their watches by it; but in the long *after-a-while* the pastor failed to come to time. The people waited until impatient, and they then took up the line of march in search of the missing preacher, and at a turn in the road they found the faithful horse standing still as stone, and behind him, in quiet contemplation, sat the philosophic preacher in a heap of dust, the only remnant of a perfect shay. His philosophy was vindicated—no breakdown, only a gradual disintegration and a pile of dust. So, building after hygienic law gives to the human machine a longer lease, but at some turn in the road away ahead it quietly falls to dust; the congregation gathers about it, and in magnificent casket, with funeral oration and tolling bells, put it away in its last resting-place. Sanitation has done its best.

LOUISVILLE.

THE recent elections of members of the Chamber of Deputies in Paris resulted in the return of forty-nine members of the medical profession and three *pharmaciens*.—*British Med. Journal*.

Reviews.

The Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women. By W. H. BYFORD, A.M., M.D., Professor of Gynecology, Rush Medical College, etc. Third edition. Philadelphia: Lindsay & Blakiston. 1881.

It is a pleasure to note that this work, once so popular, but for a time fallen out of date, has been revised for a third edition. It is in many respects a new book—new in form, new in the subjects treated, and new in the views entertained by its author. He says in the preface, "Surrounded as I have been by such a throng of active workers, the results of whose labors I have tried to assimilate, my former ideas have been greatly modified and, I hope, also improved." A large experience has furnished him with a rich harvest, which he has here garnered.

Too much space has been given to Clay's treatment of cancer of the uterus with Chian turpentine. It was only a brief episode in the history of medical errors. A remedy that had so short a run might better have been ignored.

The work is very original in character, and can be depended on as a fair presentation of the science of the day by a practical surgeon of ample experience.

The Prescriber's Memoranda. New York: Wm. Wood & Co.

This little work, from which the compiler has modestly withheld his name, represents an attempt to give the physician a means by which he can readily find formulæ and points for the treatment and management of a given case, offhand. The diseases to be treated are arranged in alphabetical order (a poor substitute for an index), and the formulæ and points of practice follow appropriately under each of these headings. The formulæ are well chosen, and the suggestions as to treatment are good. Indeed they could hardly be otherwise, for they are taken from the works of standard authors and the leading medical journals of the day.

In collecting and arranging the materials for his book the author has displayed commendable research and skill, and has produced a work of undoubted merit; but the question as to whether books of this kind, which give formulæ cut and dried and suggestions for treatment in a given case tabulated and so, too easily found, may not be an

injury to the young physician by tempting him to become a lazy routinist rather than a patient and philosophical student of medicine, is an open one.

Championniere's Antiseptic Surgery: PRINCIPLES, MODES OF APPLICATION, AND RESULTS OF THE LISTER DRESSING. Translated from the latest French edition, with the special sanction of the author, and edited by FREDERICK HENRY GERISH, A.M., M.D., Surgeon to the Maine General Hospital, Professor of Materia Medica and Therapeutics in Bowdoin College, etc. Cloth, 8vo, pp. 242. Price, \$2.25. Portland, Me.: Loring, Short & Harmon. 1881.

The careful perusal of this book will make it plain not only that the Listerian theory is rational and its practice satisfactory, but also that its application is neither difficult nor seriously expensive. It contains all the information necessary to enable any medical man to apply the Lister method in all proper cases. No one who is called upon to treat wounds can afford to be without a knowledge of this most modern system. No doubt Listerism needs to be pruned of some unnecessary features, such as the spray, but it is destined to rule in surgery for many years to come.

Books and Pamphlets.

REPORT ON LARYNGEAL TUMORS. By E. Fletcher Ingals, A.M., M.D., etc. Reprint. Chicago: Johnson, Old & Co.

CONTRIBUTIONS TO THE STUDY OF THE TOXICOLOGY OF CARDIAC DEPRESSANTS. I: Carbolic Acid. A Summary of Fifty-six Cases of Poisoning, with a Study of its Physiological Action. By Edward T. Reichert, M.D. Reprint from the American Journal of the Medical Sciences.

CHEMICAL ANALYSIS OF THE URINE. By Edgar F. Smith, Ph.D., and John Mosshall, M.D. With illustrations. Philadelphia: Presley Blakiston. 1881. Price, \$1.

In a few pages the authors have condensed about all the chemical relations of the urine that can be called practical. Admirable plates give the microscopic characters usually met with. It is a very convenient little manual for either student or doctor.

THE NORTHWESTERN LANCET. Vol. I, No. 1. Jay Owens, M.D., editor and publisher. St. Paul, October 1, 1881.

Though somewhat rough in attire, as pioneers are expected to be, this journal gives promise of good work in a region hitherto unrepresented by the medical press, though ample in medical facilities. We wish it good luck and gladly place it upon our exchange-list.

Clinical Lectures.

APHONIA.

[From a Clinical Lecture by CARL SEILER, M.D., in the American Specialist.]

This young girl, a sewing-machine operator, comes to us with aphonia as the only throat-symptom. She complains of no symptom which might be produced by inflammation of the cords, and tells us that she lost her voice suddenly while at work a few days ago.

Aphonia, or complete loss of voice, may be produced by a variety of causes, any one of which may be present in this case. In the first place paralysis of the cords, or rather paralysis of some of the muscles moving the cords, will produce aphonia, and is perhaps the most common cause. Thus paralysis may be due to central irritation produced by lesions in the nerve-centers, when there are usually other portions of the body affected in the same way; or it may be due to pressure upon the recurrent laryngeal nerve or its source—the pneumogastric—by tumors, or aneurism of the aorta; or, finally, it may be peripheral in its origin, i.e. a peripheral nervous irritation exists somewhere in the system, usually in the uterus and its appendages, which by reflex action produces the paralysis of the cords. The paralysis is also frequently produced by structural changes in the muscles moving the cords by inflammation. Aphonia may also be due to mechanical obstruction, to the complete closure of the glottis by tumors or neoplasms growing on the cords or projecting into the glottis; the accidental introduction of foreign bodies into the larynx, which prevent the vocal cords from approximating each other, or swelling of the cords themselves, from serous infiltration into the submucous tissue. Cicatricial contraction and adhesions following syphilitic ulceration may occasionally produce aphonia; while the loss of voice in phthisical laryngitis is usually due to swelling of the tissue surrounding the arytenoid cartilages, which is so great as to prevent an approximation of the cords. In a few rare cases it is due to ankylosis of the crico-arytenoid articulation, which prevents a rotation of the arytenoid cartilage upon the cricoid, so that the vocal processes can not come together.

We will now examine this case and see under what head of aphonia it comes. The pillars, palate, tonsils, and the pharyngeal mucous membrane are in a healthy condition. The laryngeal mirror when introduced shows nothing abnormal except a want of motion in the left vocal cord, which during the attempts at vocalization remains closely applied to the lateral wall of the larynx, while the left arytenoid cartilage moves toward its fellow, but does not rotate the vocal process toward the median line. We therefore at once conclude that this is a case of paralysis of the left posterior crico-arytenoid muscle. There being no evidences of acute or chronic inflammation of the laryngeal mucous membrane, and having a history pointing to hysteria, we conclude the cause of the paralysis to be of nervous origin. Careful auscultation and percussion fail to elicit any evidence of a tumor pressing upon the recurrent laryngeal or pneumogastric nerve; and as there are no other symptoms present which might point toward a lesion in the nervous centers, we will turn our attention toward peripheral irritation. On questioning the patient we

find that there are signs of uterine disturbance sufficient to account for any amount of reflex nervous irritation elsewhere, and we shall therefore send her to the dispensary for uterine disease to be examined and treated. If when the uterine trouble has subsided the aphonia still persists, as is very likely, a weak faradic current of electricity should be daily applied to the muscle at fault by means of Mackenzie's laryngeal electrode.

Formulary.

FOR VARIOUS KINDS OF HEADACHE.

The following prescriptions are recommended by standard authorities in the treatment of various forms of headache as highly efficacious (Medical Gazette):

Uremic Headache, with Deficient Renal Action:

R Potass. citrat..... ℥j; 1.33 Gm.;
 Infus. digitalis..... } aa 3 ss; 15.00 fl.Gm.
 Infus. buchu..... }

M. Sig. This amount three times a day Or,

R Potass citrat..... ℥j; 1.33 Gm.;
 Spts. juniperi..... ʒj; 4.00 fl.Gm.;
 Spts. æther nitros..... ℥xx; 1.33 fl.Gm.;
 Decoc. scoparii..... ʒj; 30.00 fl.Gm.

M. Sig. This amount three times a day.

If the bowels be sluggish, we may give instead of these the following:

R Potass. bitart..... ʒ ss; 15.00 Gm.;
 Syrup. limonalis..... ʒ ss; 15.00 fl.Gm.;
 Aquæ ferventis..... O ij; 1,000.00 fl.Gm.

M. Sig. To be taken during the day and night where the urine is scanty and the bowels sluggish, with headache.

In anasarca and anemia, where the headache is due to renal congestion, and in some forms of syphilitic headache, when the cachectic condition is well marked:

R Hydrarg. bichlorid..... gr. j; 0.06 Gm.;
 Tr. ferri perchlorid... } aa 3 ss; 15.00 fl.Gm.;
 Glycerinæ ʒ xij; 370.00 fl.Gm.
 Aquæ puræ, ad.....

M. Sig. A tablespoonful in an equal quantity of water three times a day.

Headache from Malarial Poisoning:

R Quiniaz bisulph..... gr. x-xv; 0.66-1.00 Gm.;
 Acid. sulph. dil..... ℥ x; 0.66 fl.Gm.;
 Syrupi..... ʒ ij; 8.00 fl.Gm.;
 Aquæ, ad..... ʒ jss; 45.00 fl.Gm.

M. Sig. To be taken two or three hours before the expected paroxysm, and afterward a third part three times a day may be given until cinchonism is produced.

Should the headache recur from time to time, give the following:

R Liquor Fowleri..... } aa 3 j; 4.00 fl.Gm.;
 Tinct. belladonnæ... }
 Aquæ puræ, ad..... ʒ jss; 45.00 fl.Gm.

M. Sig. A teaspoonful in a wineglassful of water three times a day.

Medical Societies.

THE INTERNATIONAL CONGRESS.

CODEIA IN THE TREATMENT OF DIABETES.

[From the British Medical Journal.]

Dr. R. Shingleton Smith, of Clifton, Eng., read a paper on this subject before the London Congress, in which he said that opium had been empirically used in the treatment of diabetes from the time of Aetius. In recent times the action of the drug had been investigated by Pavy and others with the result of showing the practice to be the result of well-established experience; and observers had endeavored to ascertain to which of the alkaloids of opium the beneficial result was due. Codeia was first recommended by Pavy, on the ground that it could be given in large doses without producing drowsiness. Of late it had been much used, as recommended by Dr. Saundby, in the cough of phthisis where it gave great relief, and had an appreciable soporific effect. But it was in diabetes that codeia had been of greatest service. As regards the dose, small doses were recommended by some authors, but Dr. Brunton stated that it might be given in doses of a quarter to half a grain three times a day at first, the medicine being increased gradually until sugar disappeared from the urine, or increasing drowsiness demanded its discontinuance. Dr. Pavy had given a series of cases in Guy's Hospital Reports showing the beneficial effects of opium, morphia, and codeia in removing sugar from the urine; the advantage of codeia being that it did not produce the same narcotic effect as opium and morphia. Opium was given in doses up to nine grains, morphia up to three grains, and codeia up to ten grains three times a day. Dr. Cavasfy had given fifteen grains thrice daily with good result. Dr. Smith considered that alkalies and all other treatment, even dieting, were inferior to codeia as remedies for diabetes; and that in this disease it might be considered almost a specific, and should be the first remedy tried, and should be given in fairly large doses until some physiological effect was produced. Codeia had been said to produce convulsions; but the literature of the of the subject did not support this, and he had never seen any such effect. He related three cases which all exhibited marked improvement while taking codeia, which improvement ceased when the codeia was withheld, and was renewed on its repetition. Morphia had a good effect in two of the cases but the improvement was much less marked than with codeia.

Dr. Silver said that Dr. Smith did not seem to point out that at Carlsbad the patient was strictly controlled by the physicians, who told the people with whom the patient happened to be what he was to have, and he could get nothing else. That made a very great difference in regard to the treatment. It had also been pointed out that a very large proportion of the patients who went to Carlsbad were fat Jews, who had one form of diabetes, and that ordinarily six weeks' treatment was sufficient to set them up for six months, they meantime enjoying themselves as they pleased. He agreed with Dr. Smith with regard to the use of codeia for diabetes; but he could not say with Dr. Pavy that codeia superseded the use of restricted diet. He had tried restricted diet alone, opium alone, and codeia alone, and he never got with any of the more than a temporary cure, except perhaps in the case of

one man suffering from very slight diabetes. He gave him codeia in moderate doses and left the diet alone; and in this case, so far as he knew, it had sufficed. The great difficulty was not, in the first instance, that the quantity of urine passed, and of the sugar produced, might be speedily reduced; but he had seen the urine brought down to a specific gravity as low as 1012, and yet there were traces of sugar which could not be got rid of either by restricted diet or by codeia. Opium was not a desirable drug to use as its use was constantly followed by headaches; and the bowels, which in diabetes always tended to be constipated, became more so; and the temperature did not rise to at least the normal limit; and the appetite also was not improved by the use of opium. The watery extract of opium was far to be preferred to the opium itself. In one case he had given fifteen grains of the extract every four hours, and there was no particular sleepiness produced, although the man rested quietly; and it excited a copious perspiration. In most cases he had found little or no trouble from the use of codeia; but on the other hand he had found sickness with as little as a grain in a day, and sometimes nausea and sometimes headache, so that it had again and again to be discontinued for a time. This was just one of those cases where every symptom of amendment was gained. Undoubtedly codeia was valuable in respect of the increase of temperature. Both codeia and opium, he believed, must remain in use until at least something better was discovered; but, remembering that the normal tendency of diabetics is to die of some form of lung-disease like phthisis, due care must be exercised to protect them from cold and chills, and, above all, from irregularities in diet.

Dr. Lush said he had known a patient entirely cured by restricted diet.

Dr. Saundby (Birmingham) had used codeia in six or eight cases with fairly satisfactory results in some, and with unsatisfactory results in others. But as diabetes required drinks he wished to recommend a lemonade which seemed to him very rational and simple. He mixed equal quantities of lactic acid and glycerin with tincture of orange, and he added this in the proportion of an ounce to a pint of water.

The President asked in what way codeia acted. He had had a certain number of cases in the last few years of somewhat elderly people who had had some kind of nerve-lesion, and diabetes was apparently the consequence of it; and in these cases codeia in limited doses seemed to have acted in a very remarkable way. He thought that perhaps the codeia acted in some special way on the medulla oblongata.

Dr. Smith, in reply, said he agreed with Dr. Silver that neither codeia nor opium was sufficient in very advanced cases. The simpler cases that were readily cured were the slight cases of glycosuria; but in the advanced cases of diabetes mellitus, properly so-called, neither opium nor codeia alone was sufficient without very careful dieting, although Dr. Pavy found—in apparently slight cases however—that dieting was not necessary. He also agreed with Dr. Silver in regard to the advantages of codeia over some preparations of opium, inasmuch as it did not give constipation. He had not found that codeia diminished perspiration at all, but that the skin was generally moist, and that was one beneficial result of it; and the appetite was not generally affected, nor had he found it to produce headache. He had once or twice seen indications of its disagreeing in that way in elderly cases of glycosuria rather than diabetes. He thought, however, that

it was not of so much advantage in these cases as in really advanced cases of true diabetes mellitus in younger persons. In regard to the action of codeia the fact that it produced an effect upon diabetes rather bore out the idea that the medulla oblongata was the seat of the original mischief. It might be that it acted by diminishing the vasomotor paralysis of the affected part.

Miscellany.

LISTERISM.—In an article on the healing of wounds the *Lancet* makes favorable mention of the method of dressing large and complicated wounds carried out by Messrs. Savory and Gamgee. They urge that such wounds should be treated in a great degree like simple wounds; that the parts—not the edges alone—should be adjusted with the greatest care, and retained in that position, and perfect rest secured, while the fluid exuded into the unavoidable spaces should be drained off and received into some kind of dressing in which its decomposition is prevented. The special means used are pressure, drainage-tubes, and an absorbent antiseptic dressing. The writer then compares this with the antiseptic method, which in a measure is heedless of perfect coaptation of parts, ignoring separation of surfaces by the accumulation of inflammatory products, trusting that cleanliness and the exclusion of atmospheric germs will do all that art can to favor union. The article says in conclusion:

We consider Mr. Lister's work as far too great to be narrowed down to be a mere matter of spray and gauze. It is not a mode of dressing wounds that he has introduced, but a surgical revolution that he has accomplished. There is not a hospital in the whole civilized world that has not been affected by his teaching and labors, even if a spray or gauze, or even carbolic acid, have never been found in its wards. He has gone far toward abolishing suppuration, and has taught us all to consider it a preventable accident in the healing of an operation wound. And it is to him above all others that we owe it that septic diseases are now generally held to be avoidable and their occurrence a serious reproach. His work, in fact, has been far greater than the perfecting the form of dressing which bears his name, and he can fairly count among his disciples many whose outward ritual differs *in toto* from his own.

It is interesting to notice the development which the antiseptic method of dressing wounds is undergoing. Carbolic acid has evidently had its day; the cause of immense good, its use has been attended with such inconveniences, and in some cases peril, that it has been, or shortly will be, replaced by other and safer means. The spray, which by some has been considered one of the pillars of the system, has been abandoned by many of Mr. Lister's most ardent followers, and he himself has spoken of it

as likely to become unnecessary. The gauze, too, is being replaced in some hospitals by more absorbent, softer, and more elastic materials; so that Esmarch—an antiseptic surgeon whose brilliant statistics would be incredible from any less trustworthy source—dresses his cases much more after the fashion of Mr. Gamgee than that of Mr. Lister, and he has shown that the transition from one to the other is neither difficult nor illogical. We can not doubt that, amid all this development and change, surgery is advancing and truth is being preserved; and Mr. Lister is far too wise a man to think that finality has been attained in the so-called "Listerian" dressing. Side by side, however, with this development, another fact is prominent. Our hospitals, previously dirty, have become clean; surgeons, before too careless, are now scrupulous in their attention to cleanliness in all its details. And as Mr. Lister himself says it is "bits of dirt" that do the harm. Is it that his crusade has to a very large extent—would we could say entirely!—prevented these "bits of dirt" from being deposited on or in wounds, and that so previously necessary antiseptic precautions are now dispensed with in safety? Or did his earlier teachings err in considering the invisible floating particles in the air as more dangerous than they really are? Whatever may be the truth in the matter it seems plain that the great lesson of antiseptic surgery has been widely learned and bids fair soon to be universally mastered. We now want to assign it its proper place in the management of wounds, as one of the elements—not the sole—to be considered by the surgeon; and it will not be surprising should the next few years witness a great simplification of its details as a juster conception of its influence and worth is attained. The danger has been that the "system" should blind some of its followers to the fact that Nature works along certain lines, or according to certain principles, all of which must be understood by the successful surgeon; and surely when primary union of a wound is dispensed with in order that the "system" may be carried out, this danger has become real indeed!

ON THE TREATMENT AND PREVENTION OF HAY-FEVER.—Chas. Harrison Brackley, M.D. (London Lancet), in an article under the above title, arrives at the following conclusions with reference to the cause and management of hay-fever:

Hay-fever is undoubtedly caused by pollen in the atmosphere; therefore if the patient can get on to the open ocean and keep a good distance from land during the season when the disease prevails he will escape an attack, because the open sea is free from the infecting germ. Many patients, however, can not afford to spend one tenth of the year in this manner, and must undergo treatment at home.

Practical experience proves that a combination of drug-treatment with the use of mechanical means of prevention in the shape of nasal respirators and gauze-guarded spectacles, will rob hay-fever of fully nine tenths of its severity.

Catarrhal symptoms in the greater number of instances are the first and often the only signs of derangement. Asthmatic symptoms show themselves only after the disease has existed for some time, and in many cases they are not well marked at any period of it.

There is no difficulty whatever in using the gauze-guarded spectacles, and if the nasal respirators are accurately fitted so as to follow all the curves of the mucous membrane of the nares, a short training will enable the patient to retain them *in situ* for eight or ten hours a day with comparative comfort.

The respirator, which in Dr. Blackley's hands has proved of greatest service, is an American invention. Its greatest defect is that it is made wholesale to fit any and every nasal cavity, whereas it should be made to order and carefully adapted to each particular patient—no two nasal cavities being formed alike. To gain any benefit from this apparatus the patient must be equipped for some weeks before the hay season comes on, that he may get well accustomed to the use of the respirators before any irritation is set up by the presence of pollen in the atmosphere. After the disease has once fairly set in, any attempt at protection will prove useless.

The medicinal treatment of hay-fever may be divided into prophylactic, palliative, and curative. The first must be commenced some time before the hay season comes on. To allow the malady to get fully established before treatment is attempted is to lose more than one half the benefit that well-directed prophylactic treatment will confer, while at the same time it increases the difficulty of using palliative and curative treatment with good effect.

The writer, himself a victim of hay-fever, has, by judicious medication and an intelligent use of mechanical protectives, been able to pass through three seasons with almost complete immunity from the affection, and cites several cases in his practice where under similar precautions his patients have been able to demonstrate with him that hay-fever may be held at bay.

AN OLD YARN REVAMPED.—Somebody has imposed the following upon the British Medical Journal as an incident of recent date:

An epidemic of typhoid fever broke out in a small village of South France. A locksmith fell ill and called in the local medical man, who prescribed for the case and went his way. Next day, making

his usual rounds, the physician called, and, meeting the wife at the door, asked how the patient was doing. "Ah, sir," replied the woman, "only think, while I went to fetch the medicine my husband ate two pickled herrings and a dish of bean salad." "Good heavens! Then he is—" "Quite well, doctor. He went to work this morning as usual." As the story runs, the doctor made a note of what he took to be a great therapeutic discovery, which read thus: "Typhoid fever: tried remedy, two pickled herrings and a bean salad," and two days later applied his discovery to a bricklayer sick with the same disease, who survived the treatment but twenty-four hours. Taking a logical view of this experimental method of treatment the doctor again entered in his note-book: "Typhoid fever. Remedy: pickled herrings and bean salad. Good for locksmiths, bad for bricklayers."

On our side of the Atlantic this story is deemed so venerable that American medical students are accustomed to respectfully uncover their heads when any one of their number presumes to tell it. There is a tradition among them that it was brought to this country some time during the year A.D. 1492 by Columbus, who found its MS. floating in mid-ocean inside an old bottle, upon which was stamped the letters B.C. It may be that the ship's surgeon committed the story to memory, and, replacing it in the bottle, set it to sea again, where, after drifting around for about four hundred years, it at last found a resting-place on the British coast. But how in these days of ocean cables and fast-steamship transportation it should not have been either talked or carried across from this to the other side of the Atlantic is one of the wonders of tale-bearing.

STATISTICS VS. EXPERIMENT.—Before the Commissioners on the Water-supply of London, in 1869, Sir Benjamin Brodie said that, judging of the comparative salubrity of waters, it was safer in the present condition of the science to rely on statistical facts than on chemical analysis. "Statistics elicit relations of cause and effect upon which you can not deliberately experiment."—*Medical Times and Gazette*.

[The above is a graceful and learned way of saying that "the proof of the pudding is in the eating;" but would it not be wiser to chemically test the waters for hurtful ingredients, which, if found, might warn the drinker against their use, than to apply the grand physiological test on which statistics are based, and thereby imperil the health, if not the lives, of many human beings?]

WOMEN are admitted as members in the St. Petersburg medical societies.

MEDICAL PROGRESS.—In the words of the British Med. Jour., "What we want to further progress are no longer guesses in the dark; individual appreciations of long—because merely personally—estimated complex phenomena. We want physicists, chemists, physiologists, mathematicians, and zoologists who will study healthy and diseased function in man, as it may be studied by persons accustomed to exact methods, precise manipulations, and vigorous reasoning. The pioneers of modern medicine are the Pasteurs, Listers, Donderses, Helmholtzes, Ranviers, Charcots, Virchows. We would bid students take such men as Burdon Sanderson, Michael Foster, Wilks, Pavy, Brunton, and Ferrier for their exemplars—these and others of their generation—men who have not been content to stand upon the old ways, or to forego the modern aids which physical and chemical science so plentifully bring to us." The need for work of this kind is recognized by all, though the provision made for it in most of the centers for medical education are ludicrously inadequate.

NOTHING is worse than a vacillating physician whom each notion, each wish of the patient, each suggestion of nurse or family affects. Blown hither and thither by every breath, incapable of taking a broad view of the case, his treatment soon becomes as irresolute as himself, and directions and bottles accumulate with bewildering rapidity. The fewer drugs that are used the better; the greater the decision with which drugs are used the better.—*Da Costa*.

THE six healthiest cities in the United States, as measured by the recent authentic reports, were, in the order named: Utica, Dayton, New Haven, Portland, San Francisco, and Lawrence. The six unhealthiest were: Charleston, Memphis, Cleveland, Chicago, Hudson Co., N. J., and Lynn. The six unhealthiest in the world were: St. Petersburg, Charleston, Malaga, Alexandria, Warsaw, and Budha-Pesth.

FALSE CONCEPTION.—Mr. Addison, in the House of Commons, three times attempted to make a speech upon an important question, and each time began as follows: "Mr. Speaker, I conceive," and then stopped. This occurred for the third time, when a witty member arose and said, "I regret exceedingly that my friend has conceived three times, and yet has brought forth nothing. It is a manifest case of false conception."

Selections.

Infected Milk.—Mr. Ernest Hart, the editor of the British Medical Journal, offered to the London Congress a tabular abstract made from a study of seventy-one recent epidemics due to infected milk. He states that the three diseases which have as yet been recognized as capable of being spread by milk are typhoid fever, scarlatina, and diphtheria. There is nothing in the analogy of epidemics to limit the list permanently to these; and already there are indications of other cognate diseases being spread by the same agency. The number of epidemics of typhoid fever recorded in the abstract as due to milk is fifty, of scarlatina fourteen, and of diphtheria seven. The total number of cases traced to the drinking of infected milk occurring during the epidemics may be reckoned in round numbers as thirty-five hundred of typhoid fever, eight hundred of scarlatina, and five hundred of diphtheria. As regards typhoid fever, the most common way in which the poison has been observed in these epidemics to reach the milk is by the soakage of the specific matter of typhoid excrements into the well-water used for washing the milk-cans and for other dairy purposes, and often, it is to be feared, for the dilution of the milk itself—for which, in official reports, "washing the milk-cans" has become a convenient euphemism, advisedly employed to avoid raising unpleasant questions. In twenty-two of the fifty epidemics of typhoid fever recorded this is distinctly stated by the reporters to be the case, and in other cases it was more or less probable. When a dairy is unwholesomely or carelessly kept there is obviously a great variety of ways in which the poison may reach the milk. (Numerous instances of this kind are given.)

Scarlatina being almost invariably spread by contagion and by the inhalation of the bran-like dust which is thrown off from the body during the disease we should expect in epidemics of milk-scarlatina to receive evidence of this dust having access to the milk; and in the majority of recorded epidemics it was found that persons employed about the dairy operations were in attendance at the same time on persons sick of scarlatina.

In none of the seven recognized outbreaks of diphtheria due to milk has it yet been possible to trace the exciting cause of the outbreak, though as to the disease being spread by milk there could be no doubt whatever. It has indeed been suggested whether a disease of the udder of the cow called "garget" may not so affect the secretion of milk as to give rise to diphtheria in the human subject. So far this notion is a mere conjecture unsupported by fact.

The great majority of the cases give statistical as well as experimental support to the conclusion that the responsibility of the epidemic lay with the milk.

It is upon the largest drinkers of the milk (those, namely, who, consuming the greatest quantities have a correspondingly greater chance of imbibing disease germs), that the incidence of the disease chiefly falls. Thus young children (ordinarily little liable to attacks of typhoid) who are accustomed to drink milk largely in the raw state, domestic servants who, after children, drink the most raw milk, and large milk drinkers of every rank and station, furnish by far the largest quota of cases in each epidemic. People, too, who drink exceptionally of the implicated milk are attacked, although the milk taken at their own houses is derived from other sources. The houses invaded

during the epidemics are found to be commonly of the better class and in healthy situations. The poor, who take very little milk, and that only in tea or coffee, commonly escape the disease.

The striking fashion in which the disease "picks out" the streets supplied by the implicated dairy, and the houses in those streets receiving the milk is noteworthy. People in adjacent houses, and who drink milk supplied by different retailers, escape; and when supplies from two sources enter the same house, the disease attacks only those drinking that from the infected source. The contemporaneous invasion of so many households at once can only be explained on the hypothesis of a common cause acting on a particular set of persons and on no others.

Bromide of Potassium in Infantile Dentition.

—M. Peyraud recommends this drug for relief to the painful and troublesome processes of infantile dentition, and employs the following prescription: Bromide of Potassium, 2-3 grams; honey, 15-20 grams; water, q. s. After the solution has taken place, heat and evaporate to a consistency of honey, adding alcohol to preserve the mixture. By rubbing this on inflamed gums the mucous membrane is attacked and denuded, the hyperemic circulation is diminished, the inflammation reduced, and the projecting points of the teeth will gradually pierce the gum, and the contemporaneous inflammation of the mouth will be subdued.

The internal use of this drug will likewise, in the author's experience, prevent or abate the convulsions incidental to teething infants. He also recommends the use of the bromide in dental caries, which it arrests, and acts as a substitute for the arsenical preparations commonly used by dentists. Into a little cyst of the eyelid M. Peyraud injected subcutaneously a strong solution of the bromide, which was followed by the complete disappearance of the cystic tumor.

M. Joffroy, basing his treatment on the ground that there is a hypersensibility of the mucous membrane of the larynx in the so-called spasm of the glottis after diphtheria, employed bromide of potassium in daily amounts of two grams to overcome this hyperesthesia. In two cases where asphyxia was threatened after tracheotomy had been performed, the spasm appeared controlled by the bromide, and death apparently was averted. He cautions against the use of this agent where there are complications of bronchitis or threatening paralysis of the glotto-pharyngeal and laryngeal muscles.—*Boston Med. and Surg. Journal.*

Rectal Alimentation.—In the discussion of a paper on this subject before the Section of Medicine, London Congress, by W. Jos. Tyson, M.D., F.R.C.S., Eng., Mr. De B. Hovell (London) said that twenty-two years since he recovered by nutrient enemata a person suffering from diphtheria who had taken nothing for fifteen days; and he knew of cases of diphtheria that had been lost from the want, in his opinion, of that useful remedy. Stricture of the esophagus was another disease in which it might be most beneficially used. He agreed that it should be adopted as a means of treatment in other diseases. It had often occurred to him that in typhoid fever injections into the rectum might be used beneficially if used with care on the hydrostatic principle, and not by the syringe. If the bowel were simply washed out it might not only be the means of nourishing the patient but also of improving the process of cure. In

regard to the intervals for administering the enemata he thought two or three hours much too frequent, at any rate for any length of time together. In many cases the bowel was too irritable to retain the nutrient injection, and great care should be taken that it was not given so frequently as to produce or increase irritation. Three or four times a day were, he thought, sufficient.

Dr. Parsey (Warwick) referred to the use of nutrient enemata in the treatment of the insane. His faith in them had been confirmed by a case of a patient who was under his care many years ago. The patient was a strong, powerful female, suffering from acute mania, of which the main feature was that she must die on a certain day, and that she was to do all in her power to aid the result. She refused all nourishment, and the difficulties of administering it by the stomach were so great that he determined to resort to nutrient enemata. The treatment was so successful that, although for nearly five weeks she took nothing but a little water by the mouth, he sustained her in a very tolerable state of health. After her recovery she told him that she had allowed the enemata to be given her under the impression that they were ordinary enemata, and would produce action of the bowels, and so aid her in her purpose of dying; but that she had always felt herself revived and stronger for two or three hours after them. That had led him, during a practice extending now over many years, to adopt this treatment in such cases of insanity as required it. Of course it was only in certain cases that the treatment could be adopted. He had found all these results from enemata of concentrated beef-tea and a little brandy, and of late years Liebig's extract of meat.

Treatment of Tremor by Galvanic Baths.—

Until the present time therapeutics has remained almost impotent in cases of tremor, myelitis, and systematic degenerations of the cord. Electricity alone has given some success, but only in determined conditions. The ordinary faradic and continued currents have almost constantly failed, while the galvanic bath has given some remarkable successes. M. C. Paul describes the latter in order to distinguish it from the electric bath. The galvanic consists essentially in a bath through which an extra current passes. The patient placed in the bath is constantly traversed by ascending interrupted currents. The bath is graduated at will, and is given for half an hour and every two days. The results obtained by M. Paul have been the following: Mercurial tremors, constant success; alcoholic tremors, cure; sclerosis in disseminated patches, almost constant improvement; paralysis agitans, amelioration; chorea, one success, one failure; tremors in a case of incomplete paraplegia, cure; spinal irritation, almost invariable success; locomotor ataxia, failure. The author proposes to continue trying the remedy and promises further reports, while he, at the same time, asks others to try it, as the expense is nothing and the results thus far better than the usual ones.—*Lyon Méd.*

Bacteria.—Dr. J. C. Ewart, who has already done good work in the observation of the vital processes in bacteria, read before the British Association at York a very interesting paper on a recent epidemic of fever in Aberdeen. About three hundred persons in all were attacked with the disease, which was ushered in with a rigor, depression, and rapid pulse, followed by sharp pyrexia, and inflammation or even

suppuration of the cervical lymphatic glands. In from twenty-four to forty-eight hours the symptoms subsided, but every second day a relapse occurred, even as many as six times over, a different set of glands and lymphatics being affected each time. It was found that all the patients had been supplied with milk from one dairy, the milk from which showed abundant micrococci, fungi spores, and spores like those of bacillus anthracis. The spores germinated into delicate bacilli and long spore-bearing filaments. Similar spores and bacilli were found in the pus taken from one of the abscesses. Inoculation of rats with either the milk or the pus caused convulsions and rapid death; and the tissues of the rats, especially in the neck, were infiltrated with bacilli, which on cultivation developed into spore-bearing filaments; these again were inoculable with the same train of results. The spores were traced into the water cistern, which they had reached from the tank in which the hay was steamed. But the bacillus could not be converted into the common hay bacillus nor that made to assume virulent properties. By cultivation the bacillus became gradually less active, and kept at a temperature which prevented the formation of the spores, the virulence ultimately disappeared.—*London Lancet.*

Retention of Placenta for Seven Months.—

Ernest H. Jacob, M.A., M.D. (*London Lancet*), states that a woman came to the Leeds Public Dispensary at the end of June, 1881, saying that seven months before that time she had had a miscarriage at the fourth month of pregnancy, and though attended by a physician, there was some doubt as to whether she had parted with the afterbirth. A week after the miscarriage she had severe flooding, and on several occasions had passed "lumps of flesh." She was blanched, weak, and nervous, and walked with difficulty. An examination showed the uterus to be large, os soft, patulous, and somewhat eroded, not admitting a finger; and there was present a non-offensive sanious discharge. Thinking the case one of subinvolution, Dr. Jacob ordered twenty drops of fluid extract of ergot three times daily, and a mild astringent injection. After three doses violent pains came on, which resulted in the discharge of a perfect placenta about the size of a fist. The placenta was indurated but not offensive to the smell. It is remarkable that a placenta so long retained did not give rise to septic mischief. The patient made a rapid recovery.

Pyrogallic Acid in Chancroids.—In the New York Medical Journal we find a synopsis of a paper on this subject, contributed by Lermoyez and Hitier to the *Bulletin Generale de Therapeutique*. The pyrogallic acid was employed in the form of a vaseline ointment, of the strength of one to five. Starch is added to the mixture to stiffen it, and prevents its liquefying after it is applied to the body. The formula is as follows: Starch, 40 parts; vaseline, 120 parts; pyrogallic acid, 40 parts. Care should be taken to have the ointment fresh. On exposure to the air it soon became brown and lost its strength. It was found equally applicable to all forms of chancroid and in all situations. It was only slightly painful, though it had a mild caustic effect when first applied. This caustic action soon disappeared. The pain produced, it is claimed, was not greater than would be caused by the contact of any indifferent body with so sensitive a sore. Under its influence the chancres, even when phagedenic, healed with surprising rapidity.